

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant:	David P. Williams	Examiner:	Wood, W.
Serial No.:	09/475,563	Group Art Unit:	2124
Filing Date:	12/30/1999	Docket No.:	RA-5281 (USYS.066PA)
Title:	METHOD FOR CONTROLLING AND COLLECTING INFORMATION IN A DATA PROCESSING SYSTEM		

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this communication is being deposited in the United States Postal Service, as first class mail, in an envelope addressed to: Commission for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 16, 2005.

By: 

Kelly J. Ledit

REQUEST FOR REFUND ACCORDING TO 37 C.F.R. § 1.26

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir or Madam:

Deposit Account 50-0996 was charged \$200.00 for an additional Independent Claim Fee on August 9, 2005. No independent claims were added to the Office Action Response mailed July 11, 2005.

Applicant respectfully requests a credit to Deposit Account 50-0996 (USYS.066PA) in the amount of \$200.00 for the additional Independent Claim Fee.

CRAWFORD MAUNU PLLC  
1270 Northland Drive, Suite 390  
St. Paul, Minnesota 55120  
651-686-6633 • fax 651-686-7111

By: 

Name: LeRoy D. Maunu

Reg. No.: 35,274

Adjustment date: 06/12/2006 SFELEKE1  
08/09/2005 SCOTTON 00000005 500996 09475563  
01 FC:1201 200.00 CR

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Receipt is hereby acknowledged of the Request for Refund for the following in the U.S. Patent and Trademark Office:

Serial No.: 09/475,563

Docket No.: USYS.066PA

Certificates of Mailing under 37 CFR 1.8

Date of Deposit: August 16, 2005

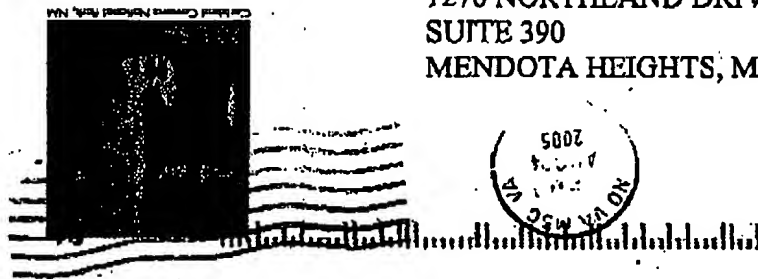
☒ Request for Refund According to 37 C.F.R. § 1.26

☒ I return postcard.



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**URGENT**

**CRAWFORD MAUNU PLLC**  
Attorneys at Law  
1270 Northland Drive, Suite 390  
St. Paul, Minnesota 55120  
651-686-6633 • fax 651-686-7111

**FACSIMILE**

**DATE:** February 23, 2006      **SERIAL NO:** 09/475,563  
**TO:** Refunds Branch      **FROM:** LeRoy D. Maunu  
**FAX NO.:** 571-273-6500      **DOCKET NO:** RA-5281  
**SUBJECT:** Refund Status  
**NO. OF PAGES 3**  
**(w/ cover sheet):**

On August 16, 2005 we submitted a Request for Refund on Serial No. 09/475,563. I am inquiring into the status of this request, a copy of which is attached for your reference.

Thank you for your assistance.

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**ATTORNEY-CLIENT PRIVILEGED/WORK PRODUCT INFORMATION**

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**URGENT  
TRIPPLICATE REQUEST**

**CRAWFORD MAUNU PLLC**  
Attorneys at Law  
1270 Northland Drive, Suite 390  
St. Paul, Minnesota 55120  
651-686-6633 • fax 651-686-7111

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**FACSIMILE**

<b>DATE:</b>	May 15, 2006	<b>SER. NO.:</b>	09/475,563
<b>ATTN:</b>	George Allen	<b>FROM:</b>	LeRoy D. Maunu
<b>FAX NO.:</b>	571-273-6500	<b>DOCKET NO.</b>	RA-5281
<b>PHONE NO.:</b>	571-272-6364		(USYS.066PA)
<b>NO. OF PAGES (w/ cover sheet):</b>	4	<b>SUBJECT:</b>	<u>REFUND</u>

Dear Mr. Allen:

On August 16, 2005, we submitted a Request for Refund on Serial No. 09/475,563. I am inquiring into the status of this request, a copy of which is attached for your reference.

Thank you for your assistance.

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